U.S.Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449A/PTO Application Number 10/554,387 INFORMATION DISCLOSURE October 25, 2005 Filing Date STATEMENT BY APPLICANT First Named Inventor SHAALTIEL Yoseph et al Art Unit (use as many sheets as necessary) Examiner Name RAMIREZ Delia M. 30570 Sheet 1 Attorney Docket Number U.S. PATENT DOCUMENTS Examiner Cite Publication Date Name of Patentee or Pages, Columns, Lines, Where Document Number DD-MMM-YYYY No. Applicant of Cited Document Relevant Passages or Relevant Figures Appear Number-Kind Code^{2 (if known)} /D.R./ 467,993 02-Fcb-1892 Jorgensen et al. FOREIGN PATENT DOCUMENTS Examiner Cite Pages, Columns, Lines. Foreign Patent Documents Publication Date Name of Patentee or Initials No. Where Relevant Passages DD-MMM-YYYY Applicant of Cited Document or Relevant Figures Appear Country Code³ Number⁴ Kind Code⁵ (if known) /D.R./ 2 WO 88/00234 14-Jan-1988 Palm /D.R./ 3 WO 99/07210 18-Feb-1999 Stomp et al.

Date

Considered

08/07/2011

Examiner

Signature

/Delia Ramirez/

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| Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT | | | | Comp. | Complete if Known | | |
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| | | | | Application Number | 10/554,387 | | |
| | | | | Filing Date | October 25, 20 | October 25, 2005 | |
| | | | | First Named Inventor | SHAALTIEL Yoseph et al | | |
| | | | | Group Art Unit | 1652 | 1652 | |
| (use as many sheets as necessary) | | | | Examiner Name | RAMIREZ De | RAMIREZ Delia M. | |
| Shee | t | | 3 Of 3 | Attorney Docket Number | 30570 | | |
| | • | | OTHER PRIOR ART – NON PATE | ENT LITERATURE DOCUM | 1ENTS | | |
| Examiner | | Cite | Include name of the author (in CAPITAL LET | | | | |
| Initials | | No. ¹ | item (book, magazine, journal, serial symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published. | | | | |
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